



State of Utah

DEPARTMENT OF COMMERCE

Division of Corporations & Commercial Code

Non-Refundable Processing Fee:
[] New Filing \$22.00

Application for Business Trust

It is your responsibility to check for conflicts with federally registered trademarks. The filing of this name does not guarantee exclusive right to nor protection against unauthorized use of this name,(U.C.A. Sections 16-15-103-105) When approved, your Business Trust is registered for 3 years. The last words of the name must be "BUSINESS TRUST". If printed, must be legible.

1. Requested Business Name: _____
2. Duration: _____
3. Nature of Business: _____
4. Registered Office in Utah: _____
Street Address Only City State Zip

5. **Registered Agent:** [] Check this box if the name on line 5 is the agent only.

Print Name of Registered Agent (to whom all mailings will be sent).

Daytime Phone Number

Signature of Registered Agent

Utah

Street Address

City

Zip

6. **Authorized Trustee(s) attach additional pages if needed:**

Under penalties of perjury and as an authorized partner, I declare that this application, and if applicable, the statement of change of registered office and/or agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

| | | | | |
|----|----------------|-------|-----------|-------|
| A. | _____ | _____ | _____ | _____ |
| | Print Name | | Signature | |
| | _____ | _____ | _____ | _____ |
| | Street Address | City | State | Zip |
| B. | _____ | _____ | _____ | _____ |
| | Print Name | | Signature | |
| | _____ | _____ | _____ | _____ |
| | Street Address | City | State | Zip |
| C. | _____ | _____ | _____ | _____ |
| | Print Name | | Signature | |
| | _____ | _____ | _____ | _____ |
| | Street Address | City | State | Zip |

Return fees with two (2) copies of this application to the Division of Corporations. Means of payment are: cash, check, or money order made payable to the "State of Utah". Please include one (1) self addressed envelope with application. **If you are faxing you must include, on a cover sheet, the number of a VISA or MasterCard with the date of expiration.**

FREE! You may visit our Web Site to access this document and other information.

Mail In: PO Box 146705
Salt Lake City, UT 84114-6705
Walk In: 160 East 300 South, Main Floor
Information Center: (801) 530-4849
Toll Free: (877) 526-3994 (within Utah)
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>